

APPLICATION TO PURCHASE CALIFORNIA'S CONFIDENTIAL VITAL STATISTICS DEATH FILES

For Fraud Prevention or Law Enforcement Purposes

ORDERING INFORMATION

Confidential Death Files are those that include Mother's Maiden Name and Social Security Number

Personal Identifiers on the death files are those fields that could identify an individual, such as Names or Social Security Numbers (SSN). Two of these fields, SSN and Mother's Maiden Name (MMN), are confidential and protected by law. Approval of the State Registrar is required to obtain files containing these fields for fraud prevention or law enforcement purposes. Death files for other purposes may include SSN and MMN if approved by the State Registrar.

The name of the deceased is not specified as being confidential. Files that contain the name of the deceased, without the SSN and MMN, are available. If the SSN and MMN are not specifically needed, but the name of the deceased is needed, please contact the Office of Health Information and Research (OHIR) for the appropriate application to obtain death files with names (no SSN/MMN).

If the purpose for the Confidential Death Data Files is scientific research, please contact OHIR for the appropriate research application.

To purchase copies of the Confidential Vital Statistics Death Data Files, including SSN and MMN, for fraud prevention, law enforcement, or purposes other than scientific research, please follow these instructions:

- Complete the attached order form. Please enclose complete payment (See Payment Mailing Instructions on the next page).
- Please read the agreement carefully and sign where indicated on the second page of the application. (Note that this signature is provided under penalty of perjury.)
- Notarized proof of identity is required for the person signing the agreement. Space for notarization is provided on the second page of this application.
- Please attach, on your organization's letterhead, a description of the purposes for which the files will be used. Specify the proposed use of the SSN or MMN and the security measures that will be taken to protect the confidentiality of these data.
- **Please also provide a statement, on your letterhead, documenting how your agency meets the criteria for fraud prevention and/or law enforcement purposes as set forth in Health and Safety Code 102230(C), Paragraph 4, as follows:**

"The birth and death data files prepared pursuant to this subdivision shall be made available to financial institutions, as defined in 15 U.S.C. Sec. 6827(4)(A) and (B), its representatives or contractors, consumer credit reporting agencies, as defined in subdivision (d) of Section 1785.3 of the Civil Code, its representatives or contractors, those entities providing information services for purposes of law enforcement or preventing fraud, officers of the court for the sole purpose of verifying a death, and to persons or entities acting on behalf of law enforcement agencies or the court, or pursuant to a court order."

- Please note the following caveats regarding Out-of-State Deaths: Out-of-State Deaths are those deaths that occurred to California residents in another state. All personal identifiers (including name of decedent) for these deaths are subject to the confidentiality laws of the state of occurrence. California cannot release Out-of-State personal identifiers for fraud prevention or law enforcement purposes; permission must be obtained from the state of occurrence. If out-of-state personal identifiers are needed, please contact OHIR for further information.

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PAYMENT AND MAILING INSTRUCTIONS

Please enclose your check or money order made payable to:
California Department of Public Health.

We cannot accept credit cards or send files via a purchase order.

Payment must be received before files are released.

Federal Taxpayer ID Number: 94-6001347

If an invoice is needed in order to process a check, please contact the
Office of Health Information and Research.

- **Please do not mail checks or money orders without a copy of the application or an invoice. Checks sent without proper backup may result in a significant delay in processing the request.**

Please mail the completed application materials and payment to:

California Department of Public Health
Office of Health Information and Research
Attn: Laurie Smith-Giles, Research Analyst II
MS 5103, P.O. Box 997410
Sacramento, CA 95899-7410

Phone: (916) 552-8095 Fax: (916) 650-6889

E-Mail: Lsmithgi@dhs.ca.gov

Fed-Ex Deliveries: Fed-Ex deliveries are not accepted using the P.O. Box above. If you would like to Fed-Ex your completed application and payment, please call or e-mail for the physical location. If you would like the CDs delivered via Fed-Ex, you must supply your Fed-Ex account number or a credit card billing number.

To order files on mainframe tape or for further information, please contact the Office of Health Information and Research above.

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FOR FRAUD PREVENTION OR LAW ENFORCEMENT PURPOSES**

Name:		Date:	
Title:		Organization:	
Street Address:			City:
State:	Zip Code:	Phone:	Fax:
E-Mail Address:			

Vital Statistics Data Files:	Year(s) Requested:	Cost:	Total:
Death Statistical Master Files <input type="checkbox"/> California Identifiers Only* The Death Statistical Master Files are the most complete death files. These files contain the SSN and Mother's Maiden Name fields.	SINGLE-YEAR FILES: 1999-2005 Year(s) Requested: _____ MULTI-YEAR FILES: <input type="checkbox"/> 1970-79 <input type="checkbox"/> 1980-88 <input type="checkbox"/> 1989-98	\$150 for each single-year file \$300 for each multi-year file	\$
Merged Death Files <input type="checkbox"/> California Identifiers Only* The Merged Death Files are sub-sets of the Statistical Master Files. These files contain only the most commonly used variables. Please Note: The Merged Death Files contain the SSN field, but do not contain the ZIP Code or the Mother's Maiden Name fields.	<input type="checkbox"/> 1990-94 <input type="checkbox"/> 1995-99 <input type="checkbox"/> 2000-04 <input type="checkbox"/> 1975-79 <input type="checkbox"/> 1980-84 <input type="checkbox"/> 1985-89 <input type="checkbox"/> 1960-64 <input type="checkbox"/> 1965-69 <input type="checkbox"/> 1970-74	\$200 for each five-year file	\$
Total Enclosed (No Tax, Shipping, or Handling Fees)			\$

The files listed on this application will not include personal identifiers for deaths that occurred to California residents in another state. The medical and demographic information for those deaths will be included on these files, but the personal identifiers will be blanked out. Approval from the state of occurrence is required to obtain personal identifiers for fraud prevention or law enforcement purposes.

Statement of Intended Use of Data Files and Security Measures

Please attach, on your agency letterhead, a Statement of the Intended Use for these files and the Security Measures that will be taken to protect the confidentiality of the data. Also include a statement documenting how your agency meets the criteria for fraud prevention and/or law enforcement purposes as set forth in Health & Safety Code 102230(C), Paragraph 4. Please see the cover sheet of this application for further information regarding the above statements.

PLEASE ANSWER THE FOLLOWING QUESTIONS PERTAINING TO THE USE OF IDENTIFIABLE AND CONFIDENTIAL DATA:

Will the data be used to contact subjects: ☐ YES ☐ NO

Will identifiable data be released: ☐ YES ☐ NO

PLEASE NOTE: IF ANSWERING YES TO EITHER QUESTION PLEASE ADDRESS THESE SPECIFIC ISSUES IN THE ATTACHED STATEMENT.

User Names: Please indicate names of all persons who will have access to requested files.

_____	_____
_____	_____
_____	_____

Vital Statistics Access Agreement (Signature Required)

I, the undersigned, on behalf of the organization represented in this application and under penalty of perjury under the laws of the State of California, agree to the following:

I agree not to sell, assign, release or otherwise transfer the files or any portion thereof, or to release names or other personal identifiers from the files. I agree not to use files for purposes not described in this agreement without contacting the Center for Health Statistics. I agree that the files or portions of the files will not be posted on the Internet except as provided by law [Health and Safety Code 102231(e)] and will not be used for fraudulent purposes. I understand that the release of confidential data with personal identifiers or the linkage of non-confidential data with other files so as to identify an individual's confidential data without prior approval may be punishable by a fine of \$500 or six months in jail (Health and Safety Code, Sec. 102475). I understand that violation of this agreement or violation of Health and Safety Code Section 102231 is a misdemeanor punishable by one year in jail and/or a fine of \$1,000 (Health and Safety Code, Sec. 102232).

I further agree to the following for any material derived from these vital statistics files:

1. To acknowledge the California Department of Public Health, Center for Health Statistics as the original source.
2. To include a disclaimer that credits any analyses, interpretations, or conclusions reached to the author and not to the California Department of Public Health, Center for Health Statistics.
3. To assure that technical descriptions of the data are consistent with those provided by the California Department of Public Health, Center for Health Statistics.

User's		
Signature: _____	Date: _____	
Printed _____		
Name: _____	Title: _____	

Certificate of Acknowledgement

State of _____)
) ss
County of _____)

On _____, before me personally appeared _____,

- ☐ personally known to me, or
- ☐ proved to me on the basis of satisfactory evidence, to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.
(NOTARY SEAL)

NOTARY SIGNATURE

Center for Health Statistics (CHS) Use Only

CHS	Application is complete: _____
Authorization: _____	Date: _____

State Registrar, Chief, Center for Health Statistics, California Department of Public Health